Under the paperwork Reduction Act of 1995, no persons are required to respond to a control information unless if displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				Docket Number (Optional) ARR-0037-1US			
Application Number 10/578,692				Filed August 26, 2006			
For:	DRY	RECOMBINANT HUMAN ALPHA 1-IN	ITITRYPSIN FORMU	LATION		٦	
Art Unit 1652				Examiner SWOPE, Sheridan			
	is a redication.	quest under the provisions of 37 CFR 1.13	86(a) to extend the perio	d for filing a rep	ly in the above identified		
The	reques	ted extension and fee are as follows (chec	ck time period desired a	nd enter the app	ropriate fee below):		
				mall Entity Fee			
		One month (37 CFR 1.17(a)(1))	\$130	\$65	\$		
		Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$		
	$\boxtimes$	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$555.00		
		Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$		
		Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$		
$\boxtimes$	Applicant claims small entity status. See 37 CFR 1.27.						
	A check in the amount of the fee is enclosed.						
	Payment by credit card. Form PTO-2038 is attached.						
	The Director has already been authorized to charge fees in this application to a Deposit Account.						
$\boxtimes$	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2387.						
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the applicant/inventor.							
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).							
attorney or agent of record. Registration Number 54.997							
		attorney or agent under 37 CFR Registration number if acting und					
/Jeffery P. Bernhardt/					June 1, 2010		
Signature Jeffery P. Bernhardt					Date 415 356-3000		
Typed or printed name					Telephone Number		
NOTE signati	: Signatu ure is req	res of all the inventors or assignees of record of the er uired, see below.	ntire interest or their representa	ative(s) are required.	Submit multiple forms if more than one		
$\boxtimes$	Tota	l of <u>1</u> forms are submitted.					

This callection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 36 U.S. C. 120 at 37 CFR 1.11 and 1.14. This coldrenion is estimated to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing his burden, should be sent to the Chile Termition Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Mexandria, VA 22313-4450, DO NOT SEND FEES OR COMPLETED FORKIS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 4450, Mexandria, VA 22313-4450, MOST SEND FEES OR COMPLETED FORKIS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 4450, Mexandria, VA 22313-4450, WA 22313-4450.

